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Appendix B

State of South Dakota

Candidates and candidate committees: File in the office where you filed your nominating petition.

Candidate's or Committee's Report of Receipts and Expenditures

| PACS, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070 |
|---|
| |
| See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee Tennifee Soule |
| Name of Candidate of Committee |
| Complete Mailing Address PoB 125, Carlon, SD 57013 Name of Person Making Report Jennifez Soule Phone 605-987-333 |
| Name of Person Making Report 1000/16/2 Soule Phone 605-987-33 |
| If you are a candidate, what office are you seeking 1895 alorz - 5,59, 16 |
| If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. **NA** |
| |
| Type of Report (See pages 4 & 5 of Guideline Book) Tost-seneral. Terminotic |
| For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/31/02 |
| · |
| |
| The following verification must be completed before submitting report. |
| VERIFICATION OF PERSON MAKANG REPORT |
| I Jennifee Soule (print name legibly), certify |
| that I have examined this report and to the best of my knowledge and |
| belief it is true, correct and complete. |
| Date: 12/11/02 Jennifestone |
| Candidate Signature or Signature of Committee Treasurer or Chairperson |
| Revised July 2001 |
| Filed ims 17 day of |

SECRETARY OF STATE

| Name | of | Candidate | or | Committee | Jev | mi to | 92 <u>-</u> | $\sum \omega \ell $ | e |
|------|----|-----------|----|-----------|-----|-------|-------------|----------------------|---|
| | | | | | | . 1 | 1 | | |

For the reporting period ending 12/31/02

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| itemized Contrib | outions from Individuals | : | | *\$ 990° |
|------------------|--------------------------|----------------------|-------------------------|---------------|
| emized Contribut | cions from Individuals | | | |
| Name | Residence Address | Place of (Name of | Employment Employer) | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | 11/ | | | \$ |
| | WW | | | \$ |
| | | | | \$ |
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| | | | | \$ |
| | | | - | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ *\$ 990 |

| Name of Candidate or Committee | Tenni Coz Soulo | |
|---|--------------------------------|-----------------------------|
| For the reporting period ending | 12/31/02 | |
| | ect Contributions (continued) | |
| | | *\$ NA |
| Unitemized Contributions from Pol | | *\$ <u>/V/ -</u> |
| Itemized Contributions from Polit | tical Parties | |
| Party Name | Address | ao |
| SD Democratic headenship Ford | Pierre, SD 57501 | \$ 100 |
| Lincoln la Democractic ratio | 404 E. Lynn, Cantor, SD | \$ 666 |
| Total of Itemized Contributions | from Political Parties: | *\$ 766 T |
| Itemized Contributions from Polis (All contributions from PAC Name | |) |
| | | \$ |
| | | \$ |
| | | \$ |
| V₽t | | \$ |
| | | \$ |
| | | \$ |
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| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Itemized Contributions from | m Political Action Committees: | *\$ NA |
| Total of All Direct Contributions | | 00 |

| Name of Candidate or Committee | Jennifer Soule |
|--|--|
| For the reporting period ending | 12/31/02 |
| Schedule B - F | und-Raising Events Proceeds |
| derived from each event. If a contributor give | to raise money for the candidate and the net proceeds es more than \$100 or their contribution results in their ar year, those contributions must be itemized on Schedule A. |
| Type of Event | Net Proceeds |
| NA | |
| | Total: \$ |
| Schedule (| C - In Kind Contributions |
| | services and the estimated fair market value. If the value sidence address and place of employment must be reported. |
| Nature of Non-Cash Contribution | Estimated Value Name of Contributor |
| NA | |
| | |
| | Total: \$ |
| | |
| | ule D - Other Income |
| • • | est earned or other income which is not a direct contribution. |
| Source of Income | Amount |
| NA | |

Total: \$____

Name of Candidate or Committee

Jennifer Soule

For the reporting period ending

12/31/02

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

| Item | Amount | Contributions | Made to | Candidates | and | Committees |
|--------------|-------------------------|-------------------|-------------------|------------|-----|------------|
| Advertising | 746,80 | | | 110 | | |
| Consulting | | | • | N 4- | | |
| Postage | 49,57 | | | | | |
| Printing | 1,888.06 | | | | | |
| Rent | | | | | | |
| Salaries | | | | | | |
| Telephone | | | | | | |
| Travel | | | | | | |
| Utilities | | | | , | | |
| Other Expens | for porade of volers | 5- 36 15 16 00 | - - | | | |
| List 6 | st vovers | ້ ລາ ັ | • | | | |

| Name | of | Candidate | or Cor | mmittee _ | Jenniter Soule |
|------|-----|-----------|--------|-----------|----------------|
| For | the | reporting | period | d ending_ | 12/31/02 |

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

Total Obligations: \$______

| . , | · | $\rho = \rho \rho$ | |
|---------------|---|--|------------------|
| Name | e of Candidate or Committee Jenn | itez Soule | |
| For | the reporting period ending 12/ | 31/02 | |
| | Summar | y Page | |
| This Pleas | summary sheet will give a brief outline of all campa te transfer all totals from the schedules previously co | aign finance activity during this rompleted. | eporting period. |
| 1. | Amount on hand, if any, at beginning | ng of reporting period | \$ |
| 2. | Receipts | Ø0 | |
| | Schedule A - Direct Contributions | \$1,756 | |
| | Schedule B - Fund-Raising Events | \$ NA | |
| | Schedule C - In Kind Contributions | \$ NA | |
| | Schedule D - Other Income | \$ NA | |
| | Total of all receipts | \$ 1,756 | 00 |
| 3. | Total Monetary Receipts (A+B+D) | | \$ 1,756 |
| 4. | Candidate's Personal Contribution | to Own Campaign | \$ 914.50 |
| 5. | Monetary Loans to Candidate or Communication Reporting Period | mittee During | \$ NA |
| 6. | Monetary Loans Repaid During Report | ting Period | \$ NA |
| 7. | Expenditures - Schedule E | | \$ 2,670. |
| 8. | Unpaid Obligations - Schedule F | s_NA | |
| 9. | Amount on hand at the close of this | s reporting period. | 000 |

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)

Appendix C

Secretary of State

State Capitol, Ste 204 500 East Capitol Avenue Plerre, South Dakota 57501-5070 sdsos@state.sd.us



JOYCE HAZELTINE

Secretary of State

TOM LECKEY Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filling.

| FULL NAME OF COMMITTEE: | |
|--|---|
| MAILING ADDRESS: | |
| COMMITTEE TREASURER: | |
| PHONE: | · . |
| TYPE OF COMMITTEE (PAC or If you are a ballot question community supporting or opposing. | r Ballot Question): mittee, please also indicate the measure which you are |
| Date: | Signature of person submitting voluntary registration |

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http://www.state.sd.us/sos/sos.htm

Administration (605) 773-3537 Fax (605) 773-6580 TDD (605) 773-5010 Corporations (605) 773-4845 Fax (605) 773-4550 Uniform Commercial Code (605) 773-4422 Fax (605) 773-4550